

**COVER PAGE**

*A Public Document*

FEB 26 2010

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Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
WIGGINS	PATRICIA		
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE ZIP CODE
			OPTIONAL: E-MAIL ADDRESS

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

CA STATE SENATE

Division, Board, District, if applicable:

DISTRICT 02

Your Position:

SENATOR

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

- ☒ State
- ☐ County of \_\_\_\_\_
- ☐ City of \_\_\_\_\_
- ☐ Multi-County \_\_\_\_\_
- ☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

- ☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☒ Annual: The period covered is January 1, 2009, through December 31, 2009.
- or-
- ☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2009.
- ☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- ☐ The period covered is January 1, 2009, through the date of leaving office.
- or-
- ☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_ through the date of leaving office.
- ☐ Candidate Election Year: \_\_\_\_\_

**4. Schedule Summary**

- Total number of pages including this cover page: \_\_\_\_\_
- Check applicable schedules or "No reportable interests."
- I have disclosed interests on one or more of the attached schedules:
- Schedule A-1 ☐ Yes – schedule attached  
*Investments (Less than 10% Ownership)*
- Schedule A-2 ☒ Yes – schedule attached  
*Investments (10% or Greater Ownership)*
- Schedule B ☒ Yes – schedule attached  
*Real Property*
- Schedule C ☐ Yes – schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*
- Schedule D ☒ Yes – schedule attached  
*Income – Gifts*
- Schedule E ☐ Yes – schedule attached  
*Income – Gifts – Travel Payments*
- OR-
- ☐ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed February 20, 2010  
(month, day, year)

Signature \_\_\_\_\_  
(File the originally signed statement with your filing official.)

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b> <b>FAIR POLITICAL PRACTICES COMMISSION</b>
Name  WIGGINS

**▶ 1. BUSINESS ENTITY OR TRUST**

Name Guay Conner Professional Svcs  
Address (Business Address Acceptable) 1275 4th St #386, Santa Rosa, 95404  
Check one  
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

Political Consulting  
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
☐ \$2,000 - \$10,000  
☒ \$10,001 - \$100,000        /        / 09  
☐ \$100,001 - \$1,000,000 ACQUIRED DISPOSED  
☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Sole Proprietorship ☐ Partnership ☐ Other  
YOUR BUSINESS POSITION Spouse

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

☐ \$0 - \$499 ☐ \$10,001 - \$100,000  
☐ \$500 - \$1,000 ☐ OVER \$100,000  
☒ \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)**

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or  
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000        /        / 09  
☐ \$100,001 - \$1,000,000 ACQUIRED DISPOSED  
☐ Over \$1,000,000

NATURE OF INTEREST  
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold        Yrs. remaining ☐ Other       

☐ Check box if additional schedules reporting investments or real property are attached

**▶ 1. BUSINESS ENTITY OR TRUST**

Name  
Address (Business Address Acceptable)  
Check one  
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000        /        / 09  
☐ \$100,001 - \$1,000,000 ACQUIRED DISPOSED  
☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Sole Proprietorship ☐ Partnership ☐ Other  
YOUR BUSINESS POSITION

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

☐ \$0 - \$499 ☐ \$10,001 - \$100,000  
☐ \$500 - \$1,000 ☐ OVER \$100,000  
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**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)**

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or  
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000        /        / 09  
☐ \$100,001 - \$1,000,000 ACQUIRED DISPOSED  
☐ Over \$1,000,000

NATURE OF INTEREST  
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold        Yrs. remaining ☐ Other       

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

**CALIFORNIA FORM 700**  
**FAIR POLITICAL PRACTICES COMMISSION**

Name

*Wiggins*

► STREET ADDRESS OR PRECISE LOCATION

315 Carillo St

CITY

Santa Rosa, CA 95401

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
ACQUIRED      DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

*This is portion of home residence  
claimed for business purposes*

► STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
ACQUIRED      DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

*Nationstar Mortgage*

ADDRESS (Business Address Acceptable)

*350 Highland Drive Lewisville TX*

BUSINESS ACTIVITY, IF ANY, OF LENDER

*75067*

INTEREST RATE

*6.35%*

☐ None

TERM (Months/Years)

*30 years*

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

\_\_\_\_%

☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

**SCHEDULE D**  
**Income - Gifts**

<b>CALIFORNIA FORM 700</b> <b>FAIR POLITICAL PRACTICES COMMISSION</b>
Name <u>Wiggins</u>

NAME OF SOURCE <u>CA Forestry Assn</u>		
ADDRESS (Business Address Acceptable) <u>1215 K #1830, Sac, Ca 95814</u>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE 		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/25/09</u>	<u>\$22.93</u>	<u>Reception</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

NAME OF SOURCE <u>Lumber Assn of CA + Nev</u>		
ADDRESS (Business Address Acceptable) <u>1215 K #1830, Sac, Ca 95814</u>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE 		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/25/09</u>	<u>\$22.93</u>	<u>Reception</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

NAME OF SOURCE <u>CA State Parks Foundation</u>		
ADDRESS (Business Address Acceptable) <u>50 Francisco St #110, San Francisco</u>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE 		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/23/09</u>	<u>\$25.06</u>	<u>Reception</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

NAME OF SOURCE <u>CA State Council of Laborers</u>		
ADDRESS (Business Address Acceptable) <u>1121 L St #502, Sac, Ca 95814</u>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE 		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/17/09</u>	<u>\$60.05</u>	<u>Reception</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

NAME OF SOURCE <u>Tech America</u>		
ADDRESS (Business Address Acceptable) <u>1215 K #2140, Sacramento, Ca 95814</u>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE 		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/13/09</u>	<u>\$10</u>	<u>Chocolate Computer</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

NAME OF SOURCE <u>Bob Wright for Senate</u>		
ADDRESS (Business Address Acceptable) <u>Poboa 8542, Los Angeles, Ca 90008</u>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE 		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6/15/09</u>	<u>\$62.00</u>	<u>gift box (wine + glasses)</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

Name

Wiggin's

▶ NAME OF SOURCE

CA State Employees Assn

ADDRESS (Business Address Acceptable)

1108 O St, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/17/09</u>	<u>\$14.01</u>	<u>ice cream</u>
<u>  /  /  </u>	<u>\$  </u>	<u>  </u>
<u>  /  /  </u>	<u>\$  </u>	<u>  </u>

▶ NAME OF SOURCE

Stenberg for Senate 2010

ADDRESS (Business Address Acceptable)

1100 O St<sup>th</sup> 200, Sac, ca 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6/3/09</u>	<u>\$38.48</u>	<u>dinner</u>
<u>3/3/09</u>	<u>\$71.23</u>	<u>dinner</u>
<u>  /  /  </u>	<u>\$  </u>	<u>  </u>

▶ NAME OF SOURCE

Wine Institute

ADDRESS (Business Address Acceptable)

425 Market St<sup>th</sup>, 1000 San Francisco  
CA 94105

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/9/09</u>	<u>\$59.11</u>	<u>Wine reception</u>
<u>  /  /  </u>	<u>\$  </u>	<u>  </u>
<u>  /  /  </u>	<u>\$  </u>	<u>  </u>

▶ NAME OF SOURCE

Art Cal Carpenters

ADDRESS (Business Address Acceptable)

265 Hegenberger, Oakland, CA  
94621

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/11/09</u>	<u>\$40-</u>	<u>Moose Feed lunch</u>
<u>  /  /  </u>	<u>\$  </u>	<u>  </u>
<u>  /  /  </u>	<u>\$  </u>	<u>  </u>

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$  </u>	<u>  </u>
<u>  /  /  </u>	<u>\$  </u>	<u>  </u>
<u>  /  /  </u>	<u>\$  </u>	<u>  </u>

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$  </u>	<u>  </u>
<u>  /  /  </u>	<u>\$  </u>	<u>  </u>
<u>  /  /  </u>	<u>\$  </u>	<u>  </u>

Comments: \_\_\_\_\_